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揶针联合蓝芩口服液治疗小儿急性扁桃体炎疗效及安全性*

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摘要 目的:探讨揶针联合蓝芩口服液治疗小儿急性扁桃体炎疗效及安全性。**方法:**选取2018年6月至2019年12月江苏省第二中医院收治的96例急性扁桃体炎患儿,随机将其分为两组,对照组48例,给予蓝芩口服液治疗,研究组48例,给予揶针联合蓝芩口服液治疗。观察两组患儿的临床疗效、临床症状改善时间、治疗前后WBC、CRP、NEU水平以及不良反应率。**结果:**研究组总有效率显著高于对照组(97.92% vs. 83.88%, $P < 0.05$);研究组咽痛消失时间、扁桃体肿大消失时间、发热消失时间明显优于对照组($P < 0.05$);两组患儿治疗前WBC、CRP、NEU水平指标比较($P > 0.05$);治疗后WBC、CRP、NEU水平指标比较($P < 0.05$)。研究组不良反应率显著低于对照组(2.08% vs. 16.67%, $P < 0.05$)。**结论:**揶针联合蓝芩口服液治疗小儿急性扁桃体炎疗效显著,能有效的降低临床症状消失时间,控制炎症,减少不良反应发生率,安全可靠,值得临床推广和应用。

关键词:揶针; 蓝芩口服液; 小儿急性扁桃体炎; 疗效; 安全性

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Therapeutic Effect and Safety of Needle-embedding Therapy Combined with Lanqin Oral Liquid in Treating Acute Tonsillitis in Children*

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ABSTRACT Objective: To explore the efficacy and safety of needle-embedding therapy combined with Lanqin oral liquid in the treatment of acute tonsillitis in children. **Methods:** A total of 96 children with acute tonsillitis admitted to Jiangsu Second Chinese Medicine Hospital from June 2018 to December 2019 were selected. They were randomly divided into two groups, 48 cases in the control group, and treated with Lanqin oral liquid, 48 cases in the study group, given needle-embedding therapy combined with Lanqin oral liquid treatment. Observe the clinical efficacy, clinical symptom improvement time, WBC, CRP, NEU levels and adverse reaction rate of the two groups of patients before and after treatment. **Results:** The total effective rate of the study group was significantly higher than that of the control group (97.92% vs. 83.88%, $P < 0.05$). The disappearance time of sore throat, the disappearance time of tonsil enlargement and the disappearance of fever in the study group significantly better than the control group ($P < 0.05$). Comparison of WBC, CRP, and NEU levels before treatment between the two groups of patients, the difference was not statistically significant ($P > 0.05$). WBC, CRP, and NEU after treatment compared with the level indicators, the difference was statistically significant ($P < 0.05$). The adverse reaction rate in the study group was significantly lower than that in the control group (2.08% vs. 16.67%, $P < 0.05$). **Conclusions:** Needle-embedding therapy combined with Lanqin oral liquid are effective in treating acute tonsillitis in children. They can effectively reduce the disappearance time of clinical symptoms, control inflammation, reduce the incidence of adverse reactions, are safe and reliable, and are worthy of clinical promotion and application.

Key words: Needle-embedding therapy; Lanqin oral liquid; Pediatric acute tonsillitis; Efficacy; Safety

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前言

小儿急性扁桃体炎是儿科较为常见的疾病,患儿表现为全

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身发热、扁桃体肿大、咽痛、咽部不适等,具有发病急、病情发展速度快、复发率高等特点,如果不能及时给予有效的治疗,会引起肺炎、肾炎、心脏病等严重的并发症,极大的危害着患儿的身体健康及生命安全^[1,2]。临床数据表明,小儿急性扁桃体炎的致病因素多与肺炎球菌、葡萄球菌、病毒有关^[3,4]。近些年,随着环境污染加重、人们饮食习惯改变、小儿免疫力下降,致使小儿急性扁桃体炎的发病率呈逐年上升的趋势,引起临床的高度重视^[5,6]。目前,对于小儿急性扁桃体炎的治疗多以药物为主,消炎、抗菌、提高免疫力、退热等,但随着抗生素的滥用,导致耐药性增加,治疗的效果并不明显^[7,8],因此,探寻安全有效的治疗手段已然成为临床研究的重要课题。随着我国中医事业的快速发展,中医针灸、按摩、揠针等中医治疗手法被广泛应用于临床,对于小儿急性扁桃体炎具有很好的治疗疗效^[9]。本文选取2018年6月至2019年12月我院收治的96例急性扁桃体炎患儿,探讨揠针联合蓝芩口服液治疗小儿急性扁桃体炎疗效。

1 资料与方法

1.1 一般资料

选取2018年6月至2019年12月江苏省第二中医院收治的96例急性扁桃体炎患儿,将其随机分为两组,对照组48例,男性24例,女性24例,年龄2~14岁,平均 (8.28 ± 2.04) 岁,病程1~5 d,平均 (3.21 ± 0.14) d;研究组48例,男25例,女23例,年龄2~14岁,平均 (8.38 ± 2.36) 岁,病程1~5 d,平均 (3.21 ± 0.16) d。经比较,两组患儿的一般资料对比无差异($P > 0.05$),具有可比性。

1.2 纳入与排除标准

纳入标准:(1)符合小儿急性扁桃体炎诊断标准^[10,11];(2)均有发热、咽部充血、咽痛、扁桃体肿大等临床症状与体征;(3)心、肝、肾等重要器官功能正常,可接受治疗;(4)近期没有接受过抗菌、消炎等治疗;(5)无药物过敏史。排除标准:(1)有其他呼吸道疾病的患儿;(2)有心、肝、肾等重要器官功能障碍的患儿;(3)近期接受过相关药物治疗的患儿;(4)有免疫功能缺陷的患儿;(5)有造血系统障碍的患儿;(6)皮肤溃烂无法进行揠

针的患儿。

1.3 方法

对照组,给予蓝芩口服液治疗。蓝芩口服液(厂家:扬子江药业集团有限公司;批准文号:国药准字 Z19991005;规格:10 mL/支)口服,患儿2~6岁,每次5 mL,每日给药3次,患儿6~10岁,每次10 mL,每日给药2次,患儿10~14岁,每次10 mL,每日给药3次,1周为一个疗程。

研究组,给予揠针联合蓝芩口服液治疗。蓝芩口服液用法用量同对照组,同时给予揠针治疗,揠针直径为0.2 mm,长度为0.6 mm。取患儿双侧人迎、翳风、大椎、天突穴位,穴位先用碘伏消毒,再用75%酒精充分脱碘,拆开揠针包装,将揠针针体垂直于穴位轻快刺入,最后抚平胶贴防止漏气导致脱落,留针3 d,日间用指腹给予轻柔点按的操作,平均每两个小时重复点按操作一遍,每遍点按30~60次,夜间停止操作。在接受治疗期间两组患儿要避免食用辛辣、生冷等具有刺激性的食物,以蔬菜、瓜果等清淡食物为主,多饮用温开水,多休息。

1.4 评价标准

疗效及评价标准^[12,13]:显效:在治疗后,患儿的临床症状、体征得以改善,血像检查正常;有效:在治疗后,患儿的临床症状、体征略有好转,血像检查基本正常;无效:在治疗后,患儿的临床症状与体征无变化,甚至加重。

1.5 观察指标

观察两组患儿的临床疗效、临床症状改善时间、治疗前后WBC、CRP、NEU水平以及不良反应率。

1.6 统计学方法

应用SPSS 23.0,计数资料以(n/%)示,行 χ^2 检验;计量资料以 $(\bar{x} \pm s)$ 示,用t检验; $P < 0.05$ 有统计学意义。

2 结果

2.1 两组疗效比较

研究组治疗的总有效率为97.92%(47/48);对照组治疗总有效率为83.88%(40/48),两组患儿总有效率比较,差异有统计学意义($P < 0.05$),见表1。

表1 两组床疗效比较(例,%)

Table 1 Comparison of efficacy of the two groups (n,%)

Groups	n	Marked effect	Effective	Invalid	Total effective rate
Research group	48	30(62.5)	17(35.42)	1(2.08)	47(97.92)*
Control group	48	18(37.5)	12(25)	8(16.67)	40(83.88)

Note: * $P < 0.05$ compared with the control group.

2.2 两组症状比较

研究组咽痛消失时间、扁桃体肿大消失时间、发热消失时

间明显短于对照组($P < 0.05$),见表2。

表2 两组症状比较($d, \bar{x} \pm s$)

Table 2 Comparison of clinical symptom between the two groups ($d, \bar{x} \pm s$)

Groups	n	Sore throat disappear time	Time to disappear of enlarged tonsils	Fever disappearing time
Research group	48	1.41 $\pm$ 0.32*	2.02 $\pm$ 0.45*	1.11 $\pm$ 0.69*
Control group	48	1.82 $\pm$ 0.89	3.56 $\pm$ 0.41	1.78 $\pm$ 0.53

2.3 两组 WBC、CRP、NEU 水平比较

两组治疗前 WBC、CRP、NEU 水平指标比较, 差异无统计

学意义($P>0.05$); 治疗后两组 WBC、CRP、NEU 水平均降低, 且研究组更低($P<0.05$), 如图 3 所示。

表 3 两组 WBC、CRP、NEU 水平比较($\bar{x} \pm s$)

Table 3 Comparison of WBC, CRP and NEU levels between the two groups($\bar{x} \pm s$)

Groups	n	CRP(mg/L)		NEU(&)		WBC($10^3/L$)	
		Pre-treatment	After treatment	Pre-treatment	After treatment	Pre-treatment	After treatment
Research group	48	21.70 $\pm$ 5.17	4.64 $\pm$ 1.16 ^{#*}	90.85 $\pm$ 5.94	54.17 $\pm$ 5.18 ^{#*}	14.89 $\pm$ 3.55	8.38 $\pm$ 1.46 ^{#*}
Control group	48	22.67 $\pm$ 4.16	7.44 $\pm$ 2.13 [#]	91.56 $\pm$ 5.32	63.11 $\pm$ 5.03 [#]	14.56 $\pm$ 3.46	10.25 $\pm$ 1.52 [#]

Note: * $P<0.05$ compared with the control group, [#] $P<0.05$ compare with the pre-treatment.

2.4 两组不良反应率比较

研究组不良反应率为 2.08%; 对照组不良反应率为 16.67%,

两组患儿不良反应率比较, 差异有统计学意义($P<0.05$), 见表 4。

表 4 两组不良反应率比较(例,%)

Table 4 Comparison of adverse reaction rates between the two groups (n,%)

Groups	n	Allergies	Red and swollen skin	Skin rash	Adverse reaction rate(%)
Research group	48	0(0)	0(0)	1(2.08)	1(2.08)*
Control group	48	1(2.08)	5(10.42)	2(4.17)	8(16.67)

3 讨论

小儿急性扁桃体炎常发生于初春及秋季等季节更换、气温骤变的时候, 近年来患病率逐渐升高^[14,15]。致病机制通常为乙型溶血性链球菌、流感杆菌、肺炎球菌及病毒感染^[16,17], 严重的影响着患儿的生长发育^[18,19]。临床治疗以抗炎、抑菌、退热为主, 由于抗生素的长期使用会产生耐药性, 药物利用率低, 降低了疗效。因此, 寻找小儿急性扁桃体炎的治疗方式是儿科医师的研究方向^[20,21]。中医理论中小儿急性扁桃体炎属于外感风热、热毒上冲侵犯咽喉所致^[22]。治疗主以解毒清热、疏风散热为主^[23]。大量临床数据表明^[24,25], 蓝芩口服液对于小儿急性扁桃体炎有很好的治疗效果, 主要成分为胖大海、板蓝根、黄芩、黄柏等, 能够清热泻火、消肿止痛、利咽、解毒^[26]。现代药理学表明蓝芩口服液能够很好的抑制肺炎球菌、流感病毒等, 对扁桃体炎、咽喉炎等上呼吸道感染具好的治疗作用, 且耐药性低、不良反应少, 受到临床的高度青睐^[27]。

揞针是目前中医临床比较常用的辅助治疗手法, 运用中医理论急则治其标, 取用近处人迎穴位以清热解毒、利咽消肿、消痈散结从而缓解疼痛; 取用天突穴位以清咽开嗓; 标本兼治方得始终, 取用翳风穴位以祛风散热, 取用大椎穴位以清热解表。将揞针贴在穴位皮肤处, 定时给予轻柔点按, 起到微量温和刺激穴位的作用, 患儿易于接受, 留针 3 d, 频频点按以持续刺激穴位, 起到很好的促进血液循环、减轻疼痛等治疗的作用。又因揞针短小刺入人体不易触及神经, 所以它安全舒适、没有创痛感, 配合中药使用, 具有积极的临床意义^[28]。

本研究结果显示研究组总有效率 97.92 % 明显高于对照组 83.88 %, 证明揞针联合蓝芩口服液治疗小儿急性扁桃体炎疗效显著。这与侯健军^[29]的研究结果相似。蓝芩口服液有清热解毒、利咽消肿止痛的作用, 对于小儿急性扁桃体炎具有很好的治疗效果, 配合揞针, 增强疗效。研究组咽痛消失时间、扁桃体肿大消失时间、发热消失时间明显优于对照组, 说明揞针与蓝

芩口服液能够很好的缓解患儿的临床症状。板蓝根、栀子具有凉血利咽、清热解毒的作用; 黄芩、黄柏具有清热、泻火解毒的作用, 能够很好的缓解患儿发热、咽痛、扁桃体肿大的现象。治疗后两组 WBC、CRP、NEU 水平均降低, 且研究组更低, 说明揞针联合蓝芩口服液具有很好的抑制炎症的作用。板蓝根、胖大海等不仅可以增强免疫力, 还可以抑制炎症反应, 起到消炎杀菌的作用, 对小儿急性扁桃体炎具有很好的临床效果。研究组不良反应率 2.08 %, 明显低于对照 16.67 %。说明揞针联合蓝芩口服液能有效的降低不良反应的发生, 安全可靠。这与吴文玉^[30]研究结果一致。揞针是安全舒适的中医治疗手法, 无创伤感, 感染几率低, 安全性比较高。蓝芩口服液可以很好的减少耐药性, 增强疗效, 安全可靠。但是, 本研究还存在很多不足之处, 例如病例数较少、随访时间短等, 以后可通过增加病例数及随访时间进一步给予研究。

总而言之, 揞针联合蓝芩口服液治疗小儿急性扁桃体炎能够极大的提高临床治疗效果, 有效的缓解患儿发热、咽喉肿痛等临床症状, 控制炎症, 缩短患儿康复时间, 促使患儿早日康复, 不良反应发生率低, 具有一定的安全性, 可以广泛推广并应用于临床。

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